

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 141 Office of Registrar of Vital Statistics. Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 31st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Louisa Spence

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 76 Years, _____ Months, _____ Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation, Lived at home

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Talbot Co. Maryland

Duration of Residence in the City of Baltimore, Fifty years

Place of Death, { Give Street and Number. } 258 Bank Street

Cause of Death, { First (Primary), Second (Immediate), } Traumatic
Gangrene

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, W E Cemetery

Date of Burial, June 29 1887

Undertaker, Wm S. Lee Chas S. Parkhurst M. D.

Medical Attendant.

Place of Business, 301 W. Broadway Address, 1410 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No.

142

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 1st 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Tom C. O'Connor.

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

25

Years,

Months,

Days

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

clerk

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Ireland

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give Street and Number. }

853 N Howard St.

Cause of Death,

{ First (Primary), }

Phthisis

{ Second (Immediate), }

Phthisis

Duration of Last Sickness,

Two years

All the above information should be furnished by the Physician.

Place of Burial,

St Peters Cem

Date of Burial,

June 3rd 1887

Undertaker,

Stewart & Mowen

W. R. Mowen

M. D.

Medical Attendant.

Place of Business,

215 & 217 Park Ave

Address,

315 N. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

143

Office of Registrar of Vital Statistics.

Ward

7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 1st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie W. Kroeger

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 85 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Housekeeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore, 50 years

Place of Death, { Give Street and Number. } 1007 Disquith St

Cause of Death, { First (Primary), Old Age }
{ Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Church

Date of Burial, June 3 1887

Undertaker, Henry Crockett John Ayda M. D. Medical Attendant.

Place of Business, 1023 Centre Address, 1937 E. W. Hummel St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 144 Office of Registrar of Vital Statistics.

Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A REGISTERED CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1887

Full Name of Deceased, Mary A. Vallee
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female
{ Cross out the word not required in this line. }

Age, 83 Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, Widow
{ Cross out the words not required in this line. }

Occupation, Housewife

Birth Place, Anne Arundel Co. (Nat River)
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 50 years

Place of Death, 1837 St. Lombard St.
{ Give Street and Number. }

Cause of Death, Senility
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 4th 1887

Undertaker, John P. Paulus James A. Stewart M. D.

Place of Business, Fredrick Ave. Address, Com. of Health & Registration

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 145 Office of Registrar of Vital Statistics. Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Belvin Weaver

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years White Months, 24 Days, Half Hours

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Deceased

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Deceased

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 110 Brydell

Cause of Death, { First (Primary), Second (Immediate). } Heart Failure

Duration of Last Sickness, 2 1/2 hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, June 29/87

Undertaker, M. J. Logan

Place of Business, 227 N. Holliday St.

J. L. Egan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

146

Office of Registrar & Departmental Statistics.

Ward

13¹¹/₁₂

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 1st 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth C. Morton

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 1 Year, 10 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation, Baltimore

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 526 W Lexington

Cause of Death, { First (Primary), Meningitis, Tubercula Second (Immediate), Convulsions }

Duration of Last Sickness, 2 or 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, June 3rd 1887

Undertaker, Jas P Byrne

Place of Business, 302 N Gay St Address, 711 W Calvert St

Medical Attendant, M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

A. 147

Office of Registrar of Vital Statistics.

Ward

6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 2nd 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Schatz

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

12 Years,

8 Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Italy

Duration of Residence in the City of Baltimore,

Long time

Place of Death,

{ Give Street and Number. }

N. Gay 1852

Cause of Death,

{ First (Primary), }

hemorrhagic carotid artery

{ Second (Immediate), }

Colapso

Duration of Last Sickness,

6 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Calvary Cemetery

Date of Burial,

June 3rd 1887

{ Undertaker,

W. H. Hock

{ Place of Business,

1023 N. Calvary

Address

1523 S. Patterson

J. H. H. M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 148 Office of Registrar and Vital Statistics.

Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 1st / 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Julia Miles

Sex, Male & Female, { Cross out the word not required in this line. }

Age, 11 Years, Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } # 1134 Wilmer ally

Cause of Death, { First (Primary), Second (Immediate), } Enteric Fever
Exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 3rd 1887

Undertaker, B. W. Chase

Place of Business, 41 Howard Address, Asylia Ave & Broadway

Wm. S. Huck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

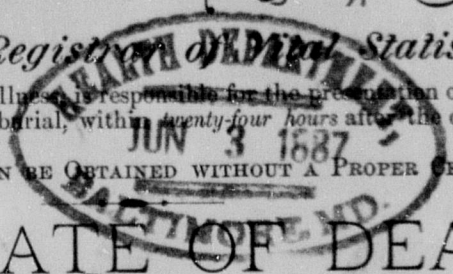
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 149 Office of Registrar of ~~Deaths~~ Vital Statistics. Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, June 1st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rachael Chew

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 97 Years, _____ Months, _____ Days

Color, ed

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Servant

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Bucarest

Duration of Residence in the City of Baltimore, 25 yrs.

Place of Death, { Give Street and Number. } 422 St. Marys St

Cause of Death, { First (Primary), Second (Immediate), } Old Age
(Cardiac Failure)

Duration of Last Sickness, a few days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, June 3rd 1887

Alex Hensley Medical Attendant

Place of Business, 561 Orchard St Address, Rockwell Marine

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 157 Office of Registrar of Statistics. Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2nd

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary L. Reus

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 7 Years, 1 Months, 1 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Ballo.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, 104 E. Cross st

Place of Death, { Give Street and Number. } 104 E. Cross st

Cause of Death, { First (Primary), Second (Immediate), } Asphyxia

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St. Albans

Date of Burial, June 3

Undertaker, B. H. H. H. Medical Attendant, C. P. & S. Buddenbom M. D.

Place of Business, 115 W. 14th St Address, 418 S. Dear st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]